Consumer Feedback and Complaints Form

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| Practice name: | ML Obgyn Specialist Clinic |
| Practice ID number: | DI7220 |
| Reference documents: | DoHA Practice Accreditation Standards 2nd edition: 1.1(i) & 4.3 (2)Other: Consumer Feedback and Complaints Policy. |
| Please tick the nature of contact:  | 🞏 Compliment  | 🞏 Feedback  | 🞏 Complaint |
| Contact Details |
| Name: |  |
| Address:  |  |
| Phone Number: |  |
| Email: |  |
| Compliment / feedback / complaint reported to: |  |
| Date: |  |
| Summary: |  |
| If applicable, what outcome are you seeking? |  |
| Would you like to be contacted regarding your comments? |  |